



**Montana Application for Certification as an  
OPERATOR of A WATER DISTRIBUTION SYSTEM, A WATER  
TREATMENT SYSTEM or WASTEWATER TREATMENT SYSTEM**  
(in accordance with Sections 37-42-101 through 37-42-322, MCA).

rev. 05/07

**MAIL WITH CORRECT FEES TO:**

MT DEQ/WWOC  
P.O. Box 200901  
Helena, MT 59620-0901  
Phone: (406) 444-4584

*See below for fees due  
with application*

Please leave blank - For office use only

**Operator Status:**

**OPERATOR NUMBER**

Temporary \_\_\_\_\_ Date \_\_\_\_\_  
In Training \_\_\_\_\_ Date \_\_\_\_\_  
Fully Certified \_\_\_\_\_ Date \_\_\_\_\_

**Application Status:**

Water Application pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Water Examination pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Wastewater Application pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Wastewater Examination pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_  
Reciprocity pd: \_\_\_\_\_ Emp? \_\_\_\_\_ Rcpt#: \_\_\_\_\_ Date: \_\_\_\_\_

Study Materials Sent on: \_\_\_\_\_

**GENERAL INFORMATION:** To be fully certified, applicants must pass the appropriate examination, have a high school diploma or equivalent, and fulfill the appropriate **experience requirements** for each class (Class 1 = 2 years; Class 2 = 1.5 years; Class 3 = 1 year; Class 4 = 6 months; Class 5 = 3 months). **Full completion of this application is important in determining your qualifications to become a fully certified operator.**

Examinations are scheduled several times throughout the year for all classifications. Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices located in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program at (406) 444-4584. **Applications, fees and examination notices MUST be submitted at least 15 days before the examination.**

**Application fees are \$70 for water and/or \$70 for wastewater. Examination fees are \$70 for each type of examination (water distribution, water treatment, and/or wastewater). Well Water Systems are combined in one examination and fee for classes: 2A3B, 3A4B, 4AB, and 5AB. Application and examination fees should be included with this application. Application and fees are good for one year from date of the application and are not refundable.**

NAME: \_\_\_\_\_  
Last First Middle Social Security No. Birth date

HOME ADDRESS: \_\_\_\_\_  
Street or P.O. Box City State Zip County Home Phone

Work E-mail address Home E-mail address Fax# Cell Phone

PRESENT SYSTEM EMPLOYMENT: \_\_\_\_\_  
Your Job Title Your Supervisor's Name Business Phone

System Name PWS or MPDES # System MAILING Address City ZIP County

CERTIFICATIONS PRESENTLY HELD, IF ANY: \_\_\_\_\_ OPERATOR #: \_\_\_\_\_

MAIL INFORMATION TO: \_\_\_ Home or \_\_\_ Work

**TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:**

Type	Class	Leave lines blank	Exam #
	1 2 3 4 5		
A. Water Distribution System Operator:	[ ] [ ] [ ] [ ] [ ]	_____	_____
B. Water Treatment Plant Operator:	[ ] [ ] [ ] [ ] [ ]	_____	_____
C. Wastewater Treatment Plant Operator:	[ ] [ ] [ ] [ ] --	_____	_____
D. Industrial Wastewater Treatment Plant Operator:	[ ] [ ] [ ] [ ] --	_____	_____

**SYSTEM EXPERIENCE RECORD--General** (Please fill in completely → this information is required to determine if you will become an operator-in-training or a fully certified operator.)

<b>What year did you enter work in a WATER DISTRIBUTION (WD) SYSTEM?</b> <b>Enter number of <u>years</u> WD experience in:</b> 1. Operation and maintenance: _____ _____ 2. Maintenance: _____ _____ 3. Other (describe): _____ _____ _____ _____	<b>What year did you enter work in a WATER TREATMENT (WT) SYSTEM?</b> <b>Enter number of <u>years</u> WT experience in:</b> 1. Groundwater source: _____ 2. Surface water source: _____ 3. Chlorination: _____ 4. Fluoridation: _____ 5. Stabilization: _____ 6. Iron or manganese removal: _____ 7. Lime, lime/soda softening: _____ 8. Coagulation & sedimentation: _____ 9. Filtration: _____ 10. Other (describe): _____ _____ _____	<b>What year did you enter work in a WASTEWATER (WW) SYSTEM?</b> <b>Enter number of <u>years</u> WW experience in:</b> 1. Conventional/high rate activated sludge: _____ 2. Biological nutrient removal: _____ 3. Physical-chemical treatment: _____ 4. Extended aeration: _____ 5. Oxidation ditches: _____ 6. Trickling filters: _____ 7. Package plants: _____ 8. Bio-discs: _____ 9. Aerated lagoons: _____ 10. Facultative lagoons: _____ 11. Other: _____ _____
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**SYSTEM EXPERIENCE RECORD--Be Specific:** Please list below your **water distribution, water treatment, and wastewater system** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately the same as though this had been for separate employers. If you have more than five (5) separate periods of employment, fill out a blank sheet in the same form as that outlined below and attach it to the application.

System Name: _____ Owner Name: _____ PWS # _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____  Job Title (Check one) _____ Superintendent _____ Chief Chemist _____ Asst. Supt. _____ Lab Tech. _____ Shift Spvr. _____ Mechanic _____ Operator _____ Electrician Other _____	<u>EMPLOYMENT DATES</u> From _____ To _____ _____ Month and Year Month and Year  Total _____ employed Years and Months  Hours per week _____ _____ Full time _____ Part Time	<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised)  Specific Duties: _____ _____ _____ _____ Reason for Leaving: _____ _____ _____
System Name: _____ Owner Name: _____ PWS # _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____  Job Title (Check one) _____ Superintendent _____ Chief Chemist _____ Asst. Supt. _____ Lab Tech. _____ Shift Spvr. _____ Mechanic _____ Operator _____ Electrician Other _____	<u>EMPLOYMENT DATES</u> From _____ To _____ _____ Month and Year Month and Year  Total _____ employed Years and Months  Hours per week _____ _____ Full time _____ Part Time	<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised)  Specific Duties: _____ _____ _____ _____ Reason for Leaving: _____ _____ _____

System Name: _____ Owner Name: _____ PWS # _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____  Job Title (Check one) ____ Superintendent      ____ Chief Chemist ____ Asst. Supt.      ____ Lab Tech. ____ Shift Spvr.      ____ Mechanic ____ Operator      ____ Electrician Other _____	<p align="center"><u>EMPLOYMENT DATES</u></p> <div> From _____ To _____  Month and Year      Month and Year </div> Total _____ employed Years and Months  Hours per week _____  ____ Full time      ____ Part Time	<p><u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised)</p> Specific Duties: _____ _____ _____ _____ Reason for Leaving: _____ _____ _____
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**DESCRIBE THE SYSTEM PRESENTLY OPERATED:** *(type of system, treatment, and population served - be specific):*

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**EDUCATIONAL REQUIREMENT:** All applicants for certification are required to have graduated from high school or hold a G.E.D. Certificate, unless the applicant submits a written application for a special exception from this requirement and the department grants the exception. Contact the certification office to receive a high school diploma waiver form.

Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. **This education will not be considered unless the dates of completion and degrees earned are listed.**

**HIGH SCHOOL DIPLOMA** \_\_\_\_\_  
Name and Location Year Graduated

**or G.E.D CERTIFICATE** \_\_\_\_\_  
State Where Issued Date of Issue

**or HIGH SCHOOL WAIVER** \_\_\_\_\_  
(DEQ employee's initials) (Date of Approval)

**COLLEGE OR VO-TECH** \_\_\_\_\_  
Name and Location Major and Minor Curricula

\_\_\_\_\_  
Degree earned Date Quarters or Semesters Completed

**OTHER COLLEGE OR VO-TECH** \_\_\_\_\_  
Name and Location Major and Minor Curricula

\_\_\_\_\_  
Degree earned Date Quarters or Semesters Completed

**EMPLOYER NOTIFICATION** (Your employer will automatically be notified if they paid your application and examination fees. If your employer **DID NOT** pay, please check one):

\_\_\_\_\_ Please notify my present employer of the results of my examination(s).

\_\_\_\_\_ DO NOT notify my present employer of the results of my examination(s).

**CERTIFICATE OF APPLICANT:** (*Important - Please read carefully before signing. Unsigned and undated applications will be invalidated or returned. All signatures must be notarized.*)

**I agree to uphold the Montana Operator Code of Ethics which reads:** "Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

**I swear under penalty of perjury that all information provided in this application submitted for certification is true.** I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with Section 37-42-101 through 37-42-322, MCA.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(applicant signature)

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)

**NOTARY PUBLIC for the State of Montana**  
Residing at \_\_\_\_\_, Montana  
My commission expires: \_\_\_\_\_